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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION: ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>EW 03 2008</i> <i>GR</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X</i> <i>EW 03 2008</i> <i>GR</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>CLERK OF THE COURT</i> <i>JUL 17 2008</i> <i>MICHAEL W. LEE</i> <i>JUL 17 2008</i></p> <p>C. Date of Delivery <i>SUN JUL 03 2008</i></p> <p>D. Delivery Instructions (Check one): <input checked="" type="checkbox"/> YES (enter delivery address below) <input type="checkbox"/> NO</p> <p>E. Office Of The Attorney General <i>Office Services</i></p> <p>F. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>G. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>1. Article Addressed to:</p> <p>Chief of Criminal Appeals Illinois Attorney General's Office 100 West Randolph - 12th Floor Chicago, IL 60601</p>		<p>2. Article Number <i>7006 0100 0001 7312 5663</i></p> <p>(Transfer from service label)</p> <p>PS Form 3811, February 2004</p>	
		<p>Domestic Return Receipt</p> <p>102695-02-M-1540</p>	